



**DIRECT INHIBITORS FOR HEPATITIS C PA SUMMARY**

<b>PREFERRED</b>	Incivek, Victrelis
<b>NON-PREFERRED</b>	Olysio, Sovaldi

**LENGTH OF AUTHORIZATION:** Varies

**NOTE:** Only the non-preferred agents (Olysio and Sovaldi) require prior authorization. Ribavirin products have separate PA criteria.

**PA CRITERIA:**

*For Olysio*

- ❖ Member must be 18 years of age or older with a diagnosis of genotype 1 chronic hepatitis C infection (CHC) with compensated liver disease (including cirrhosis)
- ❖ Member must not be infected with HCV genotype 1a containing the Q80K polymorphism.
- ❖ Member must be unable to take Incivek and Victrelis due to allergy, contraindication, drug-drug interaction, or a history of intolerable side effects.
- ❖ Medication must be used in combination with peginterferon alfa and ribavirin
- ❖ Faxed documentation of HCV-RNA level is required at treatment week 4 to determine if treatment continuation is appropriate.

*For Sovaldi*

- ❖ Member must be 18 years of age or older with a diagnosis of chronic hepatitis C infection (CHC) with the following genotypes: 1a or 1b, 2, 3, or 4.
- ❖ Must be used in combination with ribavirin in patients with genotype 2 or 3.
- ❖ Medication must be used in combination with peginterferon alfa and ribavirin in patients with genotype 1 or 4 with the following exceptions: hepatocellular carcinoma awaiting liver transplantation requires combination therapy with ribavirin only; members with genotype 1 infection who are interferon-ineligible may use combination therapy with ribavirin only.
- ❖ Members with genotype 1 (1a or 1b) must be unable to take Incivek and Victrelis due to allergy, contraindication, drug-drug interaction, or a history of intolerable side effects unless they are interferon-eligible or have HIV co-infection.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.